Little Stars
early learning center, LLC
300 Madison Ave, Mankato, MN 56001

HEALTH CARE SUMMARY

This form provides important health care information that Little Stars will use to tailor our child care programs to your child's specific health situation. Please have your child's doctor fill in the information below and then return this form in person or by mail to Little Stars.

Child Information

Child Last Name:	Child First Name:	Child Date of Birth (mm/dd/yyyy):	
Street Address:	City:	State:	Zip:
Parent/Guardian Last Name:	Parent/Guardian First Name:	Phone:	

Child Health Information (To be filled in by primary care physician)

How long have you been seeing this child? Years: Months:	Date of Last Physical Exam (mm/dd/yyyy):	How frequently do you see this child when he/she is not ill?
Does this child have allergies (including allergies to medications)? ☐ Yes Describe>>		
Does this child require a modified diet? ☐ Yes Describe>>		

What is the child's vision status?	What is the child's hearing status?	What is the child's speech status?

Please list important health problems followed by you or enter "None":	
Please list important health problems followed by another health provider or enter "None":	
Please list important health problems requiring special attention by Little Stars or enter "None":	
Please provide any other health information that will be helpful to Little Stars or enter "None":	

Doctor's Information

Doctor Last Name:	Doctor First Name:	Phone:	
Street Address:	City:	State:	Zip:
Doctor's Signature:		Date (mm/dd/yyyy)	

When you are finished click the "SUBMIT" button to the right. You will be notified of errors requiring correction. You can save the form and finish it later. When the form has passed all checks it will be locked from further changes. You will be able to save it to your computer and print copies for signature/submission and records.

SUBMIT